



CITY OF BLOOMINGTON
parks and recreation

**BLOOMINGTON PARKS AND RECREATION
VOLUNTEER WAIVER STATEMENT**

Program Area/Event: Bloomington Youth Basketball

I recognize that because of the inherent hazards of this activity, that I may sustain some injury. In the event that I am injured and my next of kin cannot be contacted, I give my permission to the attending physician to render such treatment as would be normal, and agree to pay the usual charge for such treatment.

I now release the City of Bloomington, its Parks and Recreation Department, and its employees, agents and assigns for any and all claims for personal injury and/or property damage that may arise from, or be in any way connected to, my participation in this activity. I understand that this release applies to both present and future injuries, and that it binds my heirs, executors and administrators. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Signature

Date

Please list any allergies or health issues you'd like to make us aware of:

In case of emergency, please contact:

Name

Phone

Relationship

Return to Special Services Coordinator